

# Women Veterans Campaign Registration Form

Please Print																									
<b>Name</b>																									
	<i>Last</i>										<i>First</i>														
<b>Address</b>																									
	<i>Street Address</i>																								
	<i>City</i>										<i>State</i>					<i>Zip Code</i>									
<b>Phone</b>																									
<b>Email</b>																									
<b>Have you ever served in the military?</b>	YES					NO					<b>Gender</b>					Female									
																Male									
Please circle all that apply																									
<b>Branch of Service</b>	Army					Air Force					Navy					Marine Corps					Coast Guard				
<b>Component</b>	Active Duty					Veteran					National Guard					Reserves					Retired				
<b>Rank</b>	Enlisted Personnel					NCO										Warrant Officer					Commissioned Officer				
<b>How did you hear about the Women Veterans Campaign? Please circle all that apply:</b>	Media (Newspaper, TV)					VA Email					Social Media (Facebook, Twitter)					Veterans Service Organization (VSO)									
																					Please specify				
	Other (please specify)  _____																								

**Email your registration form to [SDCVAMCWomenVeteransCampaign@va.gov](mailto:SDCVAMCWomenVeteransCampaign@va.gov) by Friday, June 26, 2015**

\*\*This is a public event where photography is in use. Please be aware that by entering this area, you consent to your voice, name and/or likeness being used without compensation in publicity and promotion of Department of Veterans Affairs (VA) services. By attending, you acknowledge and release VA from any liability whatsoever.